

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Holiday</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>NC</i>	<b>Date:</b> <i>10-17</i>	<b>Time:</b>	
<b>Vehicle Make:</b> <i>Chev</i>	<b>Model:</b> <i>1500</i>	<b>Year:</b> <i>1990</i>	
<b>GVWR:</b> <i>6000</i>	<b>Fuel Type:</b> <i>GAS</i>	<b>Registration Number:</b> <i>VIA</i>	
<b>Auditor:</b>		<b>Covert / Overt</b> (circle one)	
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?	<input checked="" type="checkbox"/>		
d) Was Emissions testing performed using Clip?		<input checked="" type="checkbox"/>	
3. Was <b>Catalytic Converter</b> inspection required?	<input checked="" type="checkbox"/>		
a) Was Catalytic Converter inspection performed?	<input checked="" type="checkbox"/>		
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?	<input checked="" type="checkbox"/>		
a) Was Two-Speed Idle testing performed?	<input checked="" type="checkbox"/>		
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b> <i>1 BCD C14 K7L E 244035</i>			

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>MARCO, F. MARCO</u>		<b>Position:</b> <u>1</u> or 2	
<b>Station:</b> <u>N.C.</u>		<b>Date:</b> <u>10-17-12</u>	<b>Time:</b> <u>12:30</u>
<b>Vehicle Make:</b> <u>Honda</u>		<b>Model:</b> <u>Civic</u>	<b>Year:</b> <u>1998</u>
<b>GVWR:</b>	<b>Fuel Type:</b> <u>GAS</u>	<b>Registration Number:</b> <u>365375</u>	
<b>Auditor:</b> <u>Coundurko</u>		<b>Covert / Overt</b> (circle one)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?		<input checked="" type="checkbox"/>	
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?		<input checked="" type="checkbox"/>	
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?		<input checked="" type="checkbox"/>	
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Revised 7/26/12



## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Goglia John</i>		<b>Position:</b> <i>Cor 2</i>	
<b>Station:</b> <i>N.C.</i>		<b>Date:</b> <i>10-17-12</i>	
<b>Vehicle Make:</b> <i>Mer</i>		<b>Model:</b> <i>COUGAR</i>	
<b>GVWR:</b>		<b>Year:</b> <i>2002</i>	
<b>Fuel Type:</b> <i>GAS</i>		<b>Registration Number:</b> <i>726 931</i>	
<b>Auditor:</b> <i>Coverdale</i>		<b>Covert / Overt</b> (circle one)	
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			<input checked="" type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			